

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Platter for State Representative

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Matt Platter

Political Party (if applicable)

Democratic

Office Sought

Iowa House

District (If Senate or House)

70

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. #

1739

Logged In

Scanned

Computer

Audited

17 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A

Oct 20

(report date)

REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

Indicate by # ☐

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$

11,567.17

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

14,262.52

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

25,829.69

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

2,515.89

Schedule F: Loan Repayments total (Attach Schedule F)

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\$

23313.80

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

5,000

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

958.77

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form


CONTRIBUTIONS -- MONEY TAKEN IN
 (Including candidate's personal funds)

SCHEDULE	MONEY RECEIPTS
A (Rev. 07/03)	
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Monty P. Hargis for State Representative
STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
	ID# CK#	Valentina Fominykh 118 Northwood RD DSM, IA 50312		\$100	<input type="checkbox"/>
	ID# CK#	Dave Bartlett 529 NW State ST Ankeny, IA 50023		100	<input type="checkbox"/>
	ID# 6056 CK# 3809	Bankers Unite In Legislative Decisions Iowa Bankers Association 8800 NW 62nd Avenue		500	<input type="checkbox"/>
	ID# CK#	Iowa Democratic Party 5661 Fleur Drive DSM, IA 50321		2,500	<input type="checkbox"/>
	ID# CK#	Liz Buck 896 Polk Blvd DSM, IA 50312		50	<input type="checkbox"/>
	ID# CK#	Max Cardenas 4014 School ST DSM, IA 50311		25	<input type="checkbox"/>
	ID# CK#	Bonnie Campbell 3131 Fleur DR., APT 702 DSM, IA 50321		250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$3525	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(8), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	Lavon Grifficon 11655 NE 6th ST Ankeny, IA 50023		\$100	<input type="checkbox"/>
	ID# CK#	Marc Beltrame 3409 SW 44th PL DSM, IA 50321		200	<input type="checkbox"/>
	ID# CK#	Bill Kimberley PO BOX 369 Ankeny, IA 50021		500	<input type="checkbox"/>
	ID# CK# 4254	Polk County Democratic Central Committee		1500	<input type="checkbox"/>
	ID# CK#	Vecman Architechural Homes 1114 Maple ST Ankeny, IA 50023		50	<input type="checkbox"/>
	ID# CK#	Mike Simonson 3300 Elmwood DSM, IA 50312		250	<input type="checkbox"/>
	ID# CK#	T. E. Beck 911 Waterfront Dr Ankeny, IA 50023		100	<input type="checkbox"/>
	ID# CK#	Gary Dickey, Jr 3607 SE 18th CT. DSM, IA 50320		50	<input type="checkbox"/>
	ID# CK#	Ben Bellus 2724 44th Street DSM, IA 50310		200	<input type="checkbox"/>
	ID# CK#	Jack Hatch 696 18th ST DSM, IA 50314		150	<input type="checkbox"/>

SUB-TOTAL

\$ 3100

TOTAL (If last page of this schedule)

\$

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 Page 2 of 7
(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	Bonny Barry 818 SE Rio Cir Ankeny, IA 50021		\$50	<input type="checkbox"/>
	ID# CK#	Mckinley Bailey 521 Elmhurst Dr Webster City, IA 50595		50	<input type="checkbox"/>
	ID# CK#	Matt Paul 4146 College Ave DSM, IA 50311		150	<input type="checkbox"/>
	ID# CK#	Mona Bond 2818 W. 1st Street Ankeny, IA 50021		100	<input type="checkbox"/>
	ID# CK#	Mike Charles 515 E Jefferson #19 Iowa City, 52245		75	<input type="checkbox"/>
	ID# CK#	Roxanne Conlin 2900 Southern Hills Circle DSM, IA 50321		1000	<input type="checkbox"/>
	ID# CK#	Dennis Albaugh 1525 NE 36th ST Ankeny, IA 50021		500	<input type="checkbox"/>
	ID# CK#	Dave Ryan 1209 NW Maple Street Ankeny, IA 50023		50	<input type="checkbox"/>
	ID# CK#	Ed Pfaltzgraf 4139 Caluenga NO 104 Toluca Lake, CA 91602	Uncle	100	<input type="checkbox"/>
	ID# CK#	Lorrell Pfaltzgraf 530 LondonDerry DR Findlay, OH 45840	Grandma	400	<input type="checkbox"/>
SUB-TOTAL				\$ 2475	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Realt Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	Red Brannan 510 SE 2nd Street Ankeny, IA 50021		\$50	<input type="checkbox"/>
	ID# CK#	Delores Bauman 4122 Leyden Avenue DSM, IA 50317		50	<input type="checkbox"/>
	ID# CK#	Stephanie Netolicky 9244 NW 16th Street Ankeny, IA 50023		50	<input type="checkbox"/>
	ID# CK#	Aphrodite Line 1026 NW Irvinedale Drive Ankeny, IA 50023		50	<input type="checkbox"/>
	ID# CK#	Mark Haverland 3852 NW 90th PL Polk City, IA 50226		100	<input type="checkbox"/>
	ID# CK#	Trefor Munch 201 NE Oak Dr Ankeny, IA 50021		50	<input type="checkbox"/>
	ID# CK#	Craig and Susan Schrader 3504 SW Court Ave Ankeny, IA 50021		50	<input type="checkbox"/>
	ID# CK#	Andrew McDowell 5241 Dakota Dr. West DSM, IA 50265		50	<input type="checkbox"/>
	ID# CK#	Gary Schmidt 2318 NW 17th ST Ankeny, IA 50023		82	<input type="checkbox"/>
	ID# CK#	Paulee Lipsman 2880 Grand Ave #106 DSM, IA 50312		50	<input type="checkbox"/>

SUB-TOTAL

\$582

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 88B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	Peter Hermann 1 Boca Ciega PT Blvd St Petersburg, FL 33708		\$25	<input type="checkbox"/>
	ID# CK#	Charles Wright 405 SE Delaware Ave #205 Ankeny, IA 50021		50	<input type="checkbox"/>
	ID# CK#	Ankeny Area Democrats PO Box 815 Ankeny, IA 50021		1500	<input type="checkbox"/>
	ID# CK#	Ankeny Area Democrats PO Box 815 Ankeny, IA 50021		75.52	<input type="checkbox"/>
	ID# CK#	Shirley Danskin-White 2926 W First ST Ankeny, IA 50023		25	<input type="checkbox"/>
	ID# CK#	Judy Schnurstein 407 SE Delaware Ave Unit 305 Ankeny, IA 50021		20	<input type="checkbox"/>
	ID# CK#	Frances Seemann 409 SE Delaware Ave., Unit 302 Ankeny, IA 50021		25	<input type="checkbox"/>
	ID# CK#	Ann Boultinghouse 203 SE Lowell Drive Ankeny, IA 50021		50	<input type="checkbox"/>
	ID# CK#	Cindy Eisenbauer 710 NW Ash Drive Ankeny, IA 50023		250	<input type="checkbox"/>
	ID# CK#	Gavin Boultinghouse 2509 NW Maple ST Ankeny, IA 50023		50	<input type="checkbox"/>

SUB-TOTAL

\$ 2070.52

TOTAL (if last page of this schedule)

\$

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(for Schedule A)

For instructions, see back of form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)



SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Matt Poltegrub for State Representative*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10-15	ID# CK#	Multiple Unitemized		\$ 220	<input type="checkbox"/>
9-7	ID# CK#	Unitemized		5	<input type="checkbox"/>
9-07	ID# CK#	Roxanne Conlin 2900 Southern Hills Circle Des Moines, IA 50321		1000	<input type="checkbox"/>
9-14	ID# CK#	Michael Charles 515 E Jefferson Burlington, IA 52245		75	<input type="checkbox"/>
9-14	ID# CK#	Unitemized		25	<input type="checkbox"/>
9-14	ID# CK#	Justin Grad 31412 Juliana Farms Road San Diego, CA 92675		100	<input type="checkbox"/>
9-21	ID# CK#	Derek Newman 4708 Steinbock #104 Ames, IA 50014		50	<input type="checkbox"/>
9-28	ID# CK#	Unitemized		10	<input type="checkbox"/>
9-28	ID# CK#	Jesse Probasco 8992 NW Beaver Johnston, IA 50131		75	<input type="checkbox"/>
9-30	ID# CK#	Monica Fischer 1407 41st Street Des Moines, IA 50311		400	<input type="checkbox"/>
SUB-TOTAL				\$ 1960	
TOTAL (If last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

Receipt Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)*Moore Campaign for State Representative*

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9-30	ID# CK#	Mike Charles 515 E Jefferson Iowa City, IA 52240		\$50	<input type="checkbox"/>
10-2	ID# CK#	unitemized		5	<input type="checkbox"/>
10-5	ID# CK#	Andrew Haring 4001 NE Gardman Ankara, IA 50023		100	<input type="checkbox"/>
10-6	ID# CK#	Jill June 2546 NW 84th Ave Ankara, IA 50023		200	<input type="checkbox"/>
10-14	ID# CK#	Bill Bravch 7313 38th Street DSM, IA 50310		200	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$555

TOTAL (If last page of this schedule)

\$14,262.52

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 Page 7 of 7
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/10	ID# CK#	Staples Ankeny, IA	Office supplies	\$.51
10/14	ID# CK#	Caseys Ankeny, IA	Gas	22.32
10/14	ID# CK#	Quick Trip Ankeny, IA	Gas and volunteer food	43.49
10/16	ID# CK#	Caseys Ankeny, IA	volunteer food	5.37
10/16	ID# CK#	First National Bank Ankeny, IA	Returned check	50
	ID# CK#	Act Blue Cambridge, MA	online contributions	90.87
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 182.39
TOTAL (if last page of this schedule)				\$ 263.05

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

Page 1 of 7

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Recast Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/26	ID# CK#	Benchwarmers Ankeny, IA	Political Lunch	\$ 9.90
9/29	ID# CK#	Unitemized		3.82
9/29	ID# CK#	Unitemized		4
9/29	ID# CK#	Caseys Ankeny, IA	Gas	54.73
9/30	ID# CK#	Caseys Ankeny, IA	Gas	30.01
9/30	ID# CK#	Verizon Wireless Folsom, CA	Campaign phones	445.64
10/06	ID# CK#	Ankeny Ace Hardware Ankeny, IA	Sign zip ties	10.59
10/08	ID# CK#	Unitemized		4.34
SUB-TOTAL				\$ 563.03
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

DATE EXPENDED (MM/DD/YYR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/25	ID# CK#	Unitemized		\$ 3.82
8/25	ID# CK#	Hy Vee Gas Ankeny, IA	Food for volunteer	5.89
8/25	ID# CK#	Wal-Mart Ankeny, IA	Office Supplies	29.54
8/26	ID# CK#	Kum & Go Ankeny, IA	Gas for campaign car	59.01
8/27	ID# CK#	Unitemized		4.19
8/28	ID# CK#	Unitemized		4.79
9/02	ID# CK#	Unitemized		3.37
9/02	ID# CK#	Ankeny Shortstop Ankeny, IA	Food for volunteer	8.81
SUB-TOTAL				\$ 119.42
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Revol Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/06	ID# CK#	Noodle Zoo Ankeny, IA	Fundraiser catering	\$ 94
10/08	ID# CK#	Carter Printing Grand Avenue DSM, IA	Political Brochures	669.92
10/09	ID# CK#	U.S. Post Office Ankeny, IA	Stamps	135
9/19	ID# CK#	Unitemized		3.49
9/19	ID# CK#	Caseys Ankeny, IA	Food for volunteers	5.39
9/22	ID# CK#	Unitemized		4.08
9/22	ID# CK#	Dairy Queen Ankeny, IA	Food for volunteer	5.61
9/22	ID# CK#	Subway Ankeny, IA	Political Lunch	8.77
SUB-TOTAL				\$ 926.26
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/24	ID# CK#	Unitemized		\$ 4.08
9/24	ID# CK#	Caseys Ankeny, IA	Food for volunteers	6.02
9/24	ID# CK#	Palmers Deli Ankeny, IA	Political Lunch	11.13
9/25	ID# CK#	Unitemized		3
9/25	ID# CK#	Unitemized		3.82
9/25	ID# CK#	Zanzibar's Coffee Des Moines, IA	Political Lunch	6.70
9/25	ID# CK#	U.S. Post Office Ankeny, IA	Stamps	405
9/26	ID# CK#	Unitemized		3
SUB-TOTAL				\$ 442.75
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H Instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

React Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/02	ID# CK#	Caseys Ankeny, IA	Gas	\$ 26.65
9/03	ID# CK#	Woodland Hills DSM, IA	Political lunch meeting	7
9/03	ID# CK#	Woodland Hills DSM, IA	Lunch for volunteers	9
9/04	ID# CK#	Kum & Go Ankeny, IA	Gas	6.32
9/05	ID# CK#	Unitemized		1.42
9/05	ID# CK#	Unitemized		2.48
9/05	ID# CK#	Unitemized		3.82
9/08	ID# CK#	Kum & Go Ankeny, IA	Gas	58.60
SUB-TOTAL				\$ 115.29
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/09	ID# CK#	Panera Bread Ankeny, IA	Political lunch meeting	\$ 8.24
9/11	ID# CK#	Gateway Market DSM, IA	Political lunch meeting	9.49
9/16	ID# CK#	Unitemized		2.05
9/16	ID# CK#	Caseys Ankeny, IA	Food for volunteers	5.12
9/17	ID# CK#	Unitemized		3.82
9/18	ID# CK#	Unitemized		1.57
9/18	ID# CK#	Unitemized		1.96
9/18	ID# CK#	Kum & Go Ankeny, IA	Gas	53.84

SUB-TOTAL \$ 86.09

TOTAL (if last page of this schedule) \$ 2516.89

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Pfaltzgraf for State Representative

SCHEDULE

D

(Rev. 08/98)

INCURRED

INDEBTEDNESS

CHECK THIS BOX
IF AMENDING
FORM

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
(DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10-10	Strategic Media Waterloo, IA	Mailings	\$ 4,000
10-5	Carter Printing Grand Ave DSM, IA	Brochures	1,000
SUB-TOTAL			\$
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 5,000

*If actual figure is unknown, show "estimated" beside the figure.

Page _____ of _____
(for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Matt Plattergus for State Representative

Reset Form

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
9-11	ABCME Iowa Council 61 4320 NW 2nd Ave Des Moines, IA 50313		Automated Call	\$ 157.57	<input checked="" type="checkbox"/>
9-6	11		Noodle 200 Pasta catering	500	<input checked="" type="checkbox"/>
10-14	11		Survey Call	301.20	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL

\$

TOTAL (If last
page of this
schedule)

\$

958.77

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of _____
(for Schedule E)